

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445098	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  08/31/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, KNOXVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 809 EAST EMERALD AVE KNOXVILLE, TN 37917		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An annual Recertification survey and Complaint investigation #28239 were completed on August 29-31, 2011. No deficiencies were cited related to the Complaint investigation #28239 under CFR Part 483, Requirements for Long Term Care Facilities.	F 000	This plan of correction is submitted as required under State and Federal law and does not constitute an admission on the part of the facility, that the findings cited are accurate, that the findings cited constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to check and record blood pressures as a parameter for medication administration, as ordered by the physician, for one resident (#14) of twenty-three residents reviewed.  The findings included:  Resident # 14 was admitted to the facility on March 24, 2011 and readmitted on May 17, 2011, with diagnoses including Hypertension, Hypothyroidism, Atrial Fibrillation, and Dementia.  Medical record review of physician's orders for June, July, and August, 2011, revealed "...Metoprolol 100 mg. (millegrams) Give 1 tablet by mouth twice daily. Hold for SBP (Systolic Blood pressure) < (less than) 100..."  Medical record review of the MAR (Medication Administration Record) for June 2011, revealed	F 281	1 We immediately implemented a requirement of mandatory BPs with each medication pass from all nurses taking care of resident #14. All staff were made aware of disciplinary action if not in compliance.  2 No other residents were found to have been affected by this.  3 Multiple mandatory staff meetings will be done to ensure all staff is familiar with the regulation cited. In addition, a new procedure of where to document BPs on all patients requiring anti-hypertensive medications (BPs put on MAR).  4 The DON (or designee) will monitor random patients over the next few weeks and randomly thereafter to ensure compliance.	10/15/2011 <del>9/15/2011</del> 9-9-11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

*Administrator*

9-9-2011

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, KNOXVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>809 EAST EMERALD AVE KNOXVILLE, TN 37917</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 281	<p>Continued From page 1</p> <p>the Metoprolol had been held on June 1, 10, and 30, 2011, as the systolic blood pressure had been below 100. Continued medical record review revealed the medication had been given twice a day and no blood pressure had been checked on June 6, 7, 14, 15, 23, 25, 26, 2011. Further medical record review revealed the medication had been given twice a day and the blood pressure checked only one time per day on June 2, 4, 8, 9, 11, 12, 13, 19, 22, 24, 27, 28, 29, 2011.</p> <p>Medical record review of the MAR for July, 2011, revealed the Metoprolol had been held on July 2, 8, 29, 2011, as the systolic blood pressure had been below 100. Continued medical record review revealed the medication had been given twice a day and no blood pressure had been checked on July 5, 27, 30, 31, 2011. Further medical record review revealed the medication had been given twice a day and the blood pressure had been checked only one time per day on July 3, 6, 7, 15, 16, 17, 18, 19, 22, 23, 25, 2011.</p> <p>Medical record review of the MAR for August, 2011, revealed the Metoprolol had been given twice a day and no blood pressure had been checked on August 9, 2011. Continued medical record review revealed the medication had been given twice a day and the blood pressure had been checked only one time per day on August 3, 5, 6, 8, 10, 13, 14, 19, 28, 2011.</p> <p>Observation on August 29, 2011, at 8:30 a.m., in the resident's room, revealed the resident awake, dressed, sitting in a recliner at bedside, eating breakfast.</p>	F 281			

SEP 09 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/31/2011</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

**NHC HEALTHCARE, KNOXVILLE**

STREET ADDRESS, CITY, STATE, ZIP CODE

**809 EAST EMERALD AVE  
KNOXVILLE, TN 37917**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 281	Continued From page 2 Interview with Nurse Manager #1 on August 29, 2011, at 4:30 p.m., in the second floor nurse's station, confirmed the facility had failed to follow physician orders for obtaining a blood pressure prior to administration of the Metropolol multiple times in June, July, and August, 2011.	F 281		

SEP 09 2011